

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
December 6, 2012, 9:30 am to 3:00 pm
Iowa State Capitol, Legislative Dining Room
1007 E. Grand Avenue, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick	Gary Lippe
Lynn Crannell	Zvia McCormick
Richard Crouch	Laurel Phipps
Lynn Grobe	Deb Schildroth
Representative Dave Heaton	Patrick Schmitz
Representative Lisa Heddens (by phone)	Susan Koch-Seechase
Richard Heitmann	Dale Todd (by phone)
Chris Hoffman (by phone)	Suzanne Watson
David Hudson (by phone)	Gano Whetstone
	Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Senator Merlin Bartz	Senator Jack Hatch
Jill Davisson	

OTHER ATTENDEES:

Marilyn Althoff	Hills and Dales/IACP
Theresa Armstrong	MHDS, Bureau Chief, Community Serv. & Planning
Robert Bacon	U of Iowa Center for Disabilities and Development
Dave Basler	ChildServe
Jess Benson	Legislative Services Agency
Teresa Bomhoff	Iowa Mental Health Planning Council
Wayne E. Clinton	Story County Board of Supervisors/ISAC
Eileen Creager	Aging Resources of Iowa
Diane Diamond	DHS, Targeted Case Management
Marissa Eyanson	Easter Seals
Connie Fanselow	MHDS, Community Services & Planning
John Hager	Parent
Jane Hudson	Disability Rights Iowa
Sandi Hurtado-Peters	Iowa Department of Management
Diane Jackson	CPC Greene, Guthrie, and Audubon Counties
Carrie Kobrinetz	House Legislative Staff
Geoff Lauer	Brain Injury Alliance of Iowa
Maria Montanaro	Magellan Health Services of Iowa
Liz O'Hara	U of Iowa Center for Disabilities and Development
Charles Palmer	Director, Iowa Department of Human Services

OTHER ATTENDEES (continued):

John Pollak	Legislative Services Agency
Rick Shults	DHS, Administrator MHDS Division
Aaron Todd	Legislative Services Agency
Casey Westhoff	The Arc of Iowa

WELCOME AND CALL TO ORDER

Jack Willey called the Commission business meeting to order at 9:35 a.m. and led introductions. Quorum was established. No conflicts of interest were identified for this meeting.

APPROVAL OF MINUTES

Richard Crouch made a motion to approve the minutes of the October 18, 2012 meeting as presented. Lynn Grobe seconded the motion. The motion passed unanimously.

MHDS UPDATE

Transition Fund Report – Rick Shults shared an overview of the DHS Transition Fund Report and answered questions about how the Department arrived at its recommendation. Copies of the December 1, 2012 report were distributed. Rick explained that during last year's legislative session, it was recognized that there would be some challenges to counties in transitioning to a regionally administered system. Ultimately, a decision was made that funds would be identified but not appropriated pending an analysis of the level need for funds. Twenty million dollars of SCHIP (State Children's Health Insurance Program) Contingency funds were identified as potentially available and the Department was directed to arrive at an application for counties to demonstrate their need for transition funds. The Department was to review the information submitted by the counties and provide a recommendation to the Governor and the Legislature by December 1 on the amount of money that should be appropriated.

The Department worked on that process with the Transition Committee, the Commission, and others, and provided technical assistance to counties in reviewing their finances. Thirty-two counties submitted applications for transition funds and supporting information by the deadline established. The Department used that information to evaluate their potential need for continuing their services in SFY 2013.

In the evaluation and analysis process, the Department:

- Reviewed the information submitted to determine if they had additional questions
- Asked more questions and updated the data
- Engaged a manager from a CPA (Certified Public Accountant) firm to assist in the analysis
- Began analysis process to develop a recommendation

Rick notes that one of the biggest challenges was for determine what basis should be used to develop the recommendation.

The Department established some basic principles to govern their analysis:

- All counties should be treated equitably. (that includes both those counties that applied for funds and those that did not)
- Counties are expected to operate with balanced budgets each year by managing service costs so they do not exceed available revenue.
- Counties are expected to pay all of their unpaid bills.
- Transition Funds are intended to maintain current non-Medicaid county MHDS services and address unintended consequences of MHDS Redesign.
- Transition Funds are not to be used to pay unpaid bills from previous fiscal years.
- Transition Funds are not to be used to build a SFY 2014 fund balance. (tying back to the equity issue)

The Department discussed the various financial circumstances that counties are experiencing:

- Counties that did not apply for Transition Funds have managed their service costs, maintained adequate fund balances, and have paid their bills timely.
- Counties that did not apply for Transition Funds have managed their service costs and maintained adequate fund balances, but have not paid their state bills timely. (As of October 31, 2012 these counties owned about \$22.1 million in undisputed state bills.)
- Nearly all counties that applied for Transition Funds have not paid their state bills timely. The counties that applied for Transition Funds and that are expected to have negative SFY 2013 year ending fund balances report they owe about \$26.6 million on unpaid state bills and about \$1.2 million in unpaid community provider bills.

Rick also explained that there is currently about \$48.7 million in unpaid State bills for Medicaid, MHI, State Resource Center, Dual Diagnosis, and Medical and Classification Center services; \$41.7 of that amount is owed to Medicaid.

Discussion:

- Bills for State Resource Center services are routinely delayed because all third party payers are billed first.
- It is not just the counties that are in financial difficulty and applied form transition funds that are holding Medicaid bills; there are other counties holding them as well.
- For Medicaid patients, the county has nothing to do with authorizing services.
- It is very common for counties to receive bills from the previous fiscal year.

Deb Schildroth noted that counties anticipate Medicaid bills, but don't necessarily know how much the county's non-federal share will be, and there is a lag time. She said Story County is still receiving bills for provider cost adjustments from 2010 and 2011. Deb said that Story County was paying all state bills on time until they found out in late

April that they would not be getting the state revenues previously expected, and then started holding state bills.

Rick Shults said it is really an issue of accrual or cost accounting. He indicated that it may be advisable for counties to forecast their Medicaid bills and set funds aside for future payments; on a cash basis, a county may be using current year funds to pay prior year bills.

Counties that applied for transition funds and are holding unpaid bills are doing so to pay for their current non-Medicaid MHDS services. These counties do not have sufficient funds to pay for both their unpaid SFY 2013 bills and provide for current services. Scott County paid nearly all of its state Medicaid bills and is now in a situation where they cannot continue to pay for current non-Medicaid services for the rest of the year without additional funds. Other counties are in a similar situation, but have not paid their state bills.

The Department analyzed some of the factors that may have contributed to the financial difficulties facing counties that applied for Transition Funds; they include:

- Lower than average county levies
- Spending more on average per person
- Serving more people than average
- Spending more than average on in-patient services

Using the principles listed earlier, the Department developed three scenarios to assess the counties' financial situation:

- Scenario One: All of the counties' available resources were applied to all of their expenses including unpaid bills from previous fiscal years and projected expenses for SFY 2013 non-Medicaid MHDS services.
- Scenario Two: Eligible counties' beginning SFY 2013 fund balances were applied to pay down the counties' outstanding unpaid bills. The counties' remaining revenue was applied to pay the cost of SFY 2013 non-Medicaid MHDS services.
- Scenario Three: All of the counties' available resources were applied to their projected expenses for SFY 2013 non-Medicaid MHDS services.

Scenario One would leave these counties with a zero fund balance at the end of SFY 2013, but with all bills paid. That would require \$11.6 million in funding. Rick noted that five counties applied that had numbers showing they did not need funds and there may be some other counties that could have applied and chose not to; there may also be other counties with unpaid bills. This scenario would pay the unpaid Medicaid bills and would clearly link the money given to the counties to paying unpaid bills which are Medicaid bills. Since the money identified during the last legislative session is federal money, it cannot be used to match federal money such as the state Medicaid bills. Rick

said that the Department has an expectation that counties will pay all their bills, but does not have authority to compel payment. The Department views it as contrary to four of the principles and is not recommending Scenario One.

Scenario Two is more complex. Beginning SFY 2013 fund balances were applied to the counties' unpaid bills. Any remaining revenue was applied to the cost of SFY 2013 non-Medicaid MHDS services. The result was that 14 of the 32 counties would have a projected negative SFY 2013 ending fund balance and no means to pay the balance of unpaid bills. This scenario would require about \$3.8 million in funding. It concludes that the fund balance is not just for cash flow purposes, but is available money to pay bills. Under this scenario the unpaid bill issue is not resolved; there would still be \$8 million in unpaid state bills. The Department views it as contrary to the principle of requiring counties to pay their unpaid bills and operate with a balanced budget and is not recommending Scenario Two.

Scenario Three applies all of the counties' available resources (fund balances, levy amounts, estimated State Payment Program amounts, and miscellaneous revenue) to their projected SFY 2013 non-Medicaid MHDS services. It does not provide any funding to counties to pay their unpaid bills. It would require about \$1.5 million in funding. The Department concluded that Scenario Three is the most consistent with the principles laid out at the beginning of the process and is recommending it.

Rick said there are still remaining issues to be addressed:

- Counties need to be operating as cost effectively as possible
- This does not provide money for counties to pay their unpaid bills

Discussion:

- The old funding formula caused wide cyclical fluctuations from one year to another and you cannot capture that rollercoaster effect in an equitable way when some counties are at a high point and others are at a low point in the cycle.
- Scott County paid all of its state bills, so it cannot pay for current year services and would receive money to do that, yet other counties held their state bills to reserve money for current year services and would not receive any support to help with outstanding bills. If those counties had paid their State Medicaid bills and put their ability to deliver current year services at greater risk, they would now qualify for funding. That does not seem equitable.
- Can funding be structured so that the federal funds identified can be used to pay for non-Medicaid MHDS services and free up other funds to pay state Medicaid bills?
- Counties were advised by DHS to pay local provider bills and hold state Medicaid bills. Those that did so now seem to be penalized for that decision. If counties had the ability to generate additional revenue to pay the bills they owe, many counties would have done so, but they do not have the authority.
- Perhaps there should be an option to re-categorize expenditures to prevent current year services from being cut.

Deb Schildroth made reference to a letter from Jen Harbison to Sarah Kaufman, the ISAC CPC Affiliate President, dated July 23. She said that Sarah had written to DHS because counties were concerned about how to handle budget shortfalls and wanted written direction and assurance from the Department. The response received was that counties were encouraged to manage funds in a way that would have as little impact on individuals as possible.

Rick said that he expects that moving forward the Department will get additional information from all counties related to both the amount they owe and the amount of fund balance that is now being reported. The question is how to address all of these challenges and do it equitably. We have to avoid using federal funds to match federal funds and we want to avoid having counties that applied for transition funds be in a better situation than those who did not. We still need to look at the issues related to continuing service provision while meeting financial obligations and determine if there are other alternatives that need to be explored.

Deb Schildroth commented that counties have not been in an equitable system and work needs to be done to figure out how to move forward. She said she is afraid the system will crash if Scenario Three is selected and it will negatively impact regionalization. Patrick Schmitz commented that the money is there and should be used to make sure services are available and accessible to people.

Gary Lippe asked if most of the \$11 million is unpaid State bills that transition funds cannot be used to pay. If so, could those bills be forgiven? Rick responded that the DHS budget for SFY 2014 is predicated on the collection of all those bills. If they were forgiven it would require an additional \$41 million appropriation for Medicaid.

Rick Shults noted that this report is one step on the process. The Department developed its recommendation based on the principles set out in the report. Ultimately the legislature has to look at all the information available to them and made a decision on how much money to appropriate and that action will have to be approved by the Governor. Chuck Palmer added that it is important to focus on the concept of transition. There may be issues that were imbedded in an inequitable system and we may need to step back to make sure we don't carry some of the inequities forward. He said he found it interesting that only 32 counties applied and five of them didn't envision that they would receive funding.

Other comments:

- The intent of redesign was to make services equitable and available across the State
- A key part of the redesign was the State takeover of Medicaid, leaving responsibility for funding non-Medicaid services with counties; even if they were forgiven what they now owe the State, they need the ability to continue to provide their non-Medicaid services
- We should be creating a level playing field across the State so that no matter where you live you have access to a certain level of services

- The needs of each county are different at this point and the levy rate restructuring impacts them all differently too
- Unexpected expenses do come up and a county needs the ability to pay for them
- Those counties that were providing more services are going to struggle with the ability to continue them
- Pooling of funds by counties was not a requirement of the redesign bill, which was probably necessary for its passage, but that may now be viewed in a different light; might there be a way of requiring pooling to deal with the inequities of the past and bring counties to a balanced starting point?

Teresa Bomhoff shared a proposal she drafted for legislative priority recommendations. She suggested five main priority areas: system redesign, adequate funding, workforce capacity, open access to medications, and mental illness education. She said that a guiding principle for system redesign should be that “we start where we are and build – we don’t go backwards.” Chuck Palmer asked Teresa if she was including expanded service populations in her proposal. Teresa responded that she was including those presently being served. Chuck noted that it has been estimated that expanding the population would double the number of people eligible for services, but the cost has not been calculated.

Jack Willey commented that he fully supports the intent of the Legislature and believes this can work, but recognizes that a lot of effort is needed to get through the transition. He said he wants to make sure services are available and accessible and ensure that the interests of consumer are protected during the transition period.

Motion: Suzanne Watson made a motion that the Commission makes its own recommendation for transition funding in an amount no less than called for under Scenario One and includes it in the legislative recommendations section of the annual report, along with their reasons for making the recommendation. Patrick Schmitz seconded the motion.

Discussion of the Motion:

- The recommendation should identify a method of using the \$11 million recognizing it cannot be used as Medicaid match
- Do we disagree with any of the principles? If not, does Scenario One present a more principled decision or just more money?
- We may not disagree with the principals, but might interpret them differently
- There is no mention of consumers in the principles
- The county budgets that are certified by law on March 15 were balanced; counties only found out about the loss of revenues in April
- We will be going forward as regions and it will be the regions, not individual counties that will be overseeing the budgeting
- It seems like it would be worthwhile to have some discussion of how services will be managed in determining any cuts; we want integrated services as opposed to segregated

- If counties want to cut services below what is specified in their management plan, those proposed changes will come before the Commission
- The principles cannot be separated from the money; money pays for services and the principles should guide how the money is spent

Chuck Palmer said that the legislation did not give a lot of clarity and what is truly transition had to be defined in this context; after reviewing all the scenarios, number three was determined to be the most equitable.

Vote: In favor: Lynn Crannell, Richard Crouch, Lynn Grobe, Richard Heitmann, David Hudson, Laurel Phipps, Deb Schildroth, Patrick Schmitz, Susan Koch-Seehase, Suzanne Watson, Jack Willey. Opposed: Neil Broderick, Gary Lippe, Zvia McCormick. Abstaining: Chris Hoffman, Dale Todd, Gano Whetstone. The motion passed by a vote of eleven to three.

Further discussion:

- No one has really articulated how we disagree with the principles DHS set out
- If counties are sustainable they should not be asking for money but there should be some help for those who need it so that we can all move forward with regionalization together
- The focus should be on having the least negative impact on clients possible
- Counties that are still alright for SFY 2013 are facing problems in SFY 2014; we should be looking at transition as more than one year, more like 3 to 5 years

Diane Jackson (CPC for Greene, Guthrie, and Audubon Counties) asked Rick Shults if her counties had paid their state bills instead of holding them and now had no money to continue services if they would be included in Scenario Three. Rick responded that if their need was for continuing mental health and disability services, they would be included in Scenario Three.

Chuck Palmer said he appreciated the Commission's thoughtful discussion and wanted them to know that he does not view their support of a different Scenario than the Department recommended as any kind of vote against the Department. He said it is important for us all to wrestle with these issues and come to our conclusions individually and collectively. He encouraged the Commission to work more on setting out their rationale clearly because that would provide helpful information as the Department sits down to discuss the options with Legislators. He noted it is hard to generalize, even across the 32 counties that applied for transition funds. It is also important to keep in mind the consumer vulnerability in all counties, including the other 67. He noted the discussion about pooling of county funds and said that there may be some groups that would not necessarily be viable even with pooling. DHS will be offering technical assistance and working with the counties to determine what sorts of assistance they need and where it should come from.

Deb Schildroth asked if the Department knew why some counties applied without an expectation they would get funding. Rick Shults responded that the application was not

such that they had an “ask” amount. They may or may not have understood that the information they submitted did not demonstrate a need, or they may have submitted it to be informational to the Department.

Marissa Eyanson commented that she appreciated hearing that efforts were being made to be equitable, rather than even. She said she wanted to note also that many clients receive only a minimal level of services that costs very little, but keeps them from more needing more intensive, most costly services.

Rules for County Exemption from Joining into Regions – Rick Shults gave an update on the development of administrative rules for counties that want to apply for exemption from joining into regions. The Department has been working with the Transition Committee and the Regional Committee of the Commission to review proposed content and get input. Some significant issues remain.

Issues of timing:

- Counties that want to apply for exemptions are looking at declaring their intention in April and making application in June
- There are going to be expectations for those counties and the Department will have to make a determination about whether they have met those expectations, when the expectations need to be met, and what happens if they do not
- If the decision is made too late in the process they are left behind in the regional process
- More work is needed in resolving those timing issues

Issues of performance standards and outcomes:

- There is a clear expectation in the legislation that counties wanting to be exempted must meet outcomes equal to or better than the regions
- How do you assess that before you have regions operating and reporting outcomes?
- We believe we can identify certain outcomes now that we can assess against what is happening in the state as a whole
- For example, things like the extent to which a county is serving the number of people anticipated to have a mental health or disability condition in their area compared to the average in the rest of the State
- The Regional Committee had a very good conversation about what kind of comparisons could reasonably be made

Issues of definition:

- We are still working on clearer definitions so that the Director will have the tools he needs to make a defensible decision about county requests for exemption
- We still need to develop more definition in that area

The Commission had planned to review the rules at today’s meeting, but DHS needs a little more time for the internal development steps so a special meeting will be

scheduled early in January prior to the next meeting of the Administrative Rules Review Committee, which is now scheduled for January 8.

PUBLIC COMMENT

Teresa Bomhoff commented that she supported requesting Transition Funds of “not less than Scenario One.”

Laurel Phipps commented that he is aware of concerns about the Iowa Veterans Home and believes they have been thoroughly investigated. He said fines imposed on the home have been paid and they are accepting new residents again.

A break for lunch was taken at 11:55 a.m.

The meeting reconvened at 1:05 p.m.

PUBLIC COMMENT (continued)

Wayne Clinton commented that he has been serving on the Mental Health Risk Pool that has been responsible for reviewing applications for counties that needed additional funding. He said they will meet on December 19 and forward their recommendations by December 31. He indicated there will be some dollars returned that counties were not able to use and suggested looking into whether those funds could be used toward transition. He noted that in the past money would stay in the Risk Pool Fund for the next year, but that fund is now coming to an end.

COMMISSION LEGISLATIVE PRIORITIES AND ANNUAL REPORT

The Commission reviewed a preliminary draft of recommendations for changes in Iowa law to be included in their annual report in January. The draft identified three main priority areas: system redesign, appropriate and stable funding, and workforce capacity.

Priority Area One: Continue Implementation of System Redesign

Discussion:

- Ensure that safety net providers remain and are supported in that role
- Address how the Affordable Care Act fits in; take advantage of reasonable options available under ACA
- Need statewide access to pre-commitment screenings
- Take advantage of federal funding opportunities

Priority Area Two: Provide Appropriate and Stable Funding

Discussion:

- Support Medicaid expansion as a source of services to more people

- Include client and family participation in determining health care packages and benefits
- Suggest looking at different ways of alleviating the need for acute care beds
- Mention support for co-occurring conditions; it should be supported in the insurance exchange
- Include maximizing the transition funding scenario that draws down as much of the SCHIP funds as possible per the earlier discussion

Priority Area Three: Workforce Capacity

Discussion:

- Concerned about possible unintended consequences of credentialing; don't want part time employees forced out by standards that are not relevant to what they do
- Susan has alternative language; put the added language in italics to highlight that what we recommend is different from what the IDPH group has proposed because it comes from the perspective of people who provide various types of care giving and support in the community; it is not a medical model
- Consider adding mental health training to physicians, first responders, and others

A conference call will be scheduled for the members of the Legislative Priorities Committee to finalize the draft for a Commission vote in January.

Jack Willey commented that there will be a significant number of new legislators when the session starts in January. Few legislators really get involved in mental health and disability issues. Representative Renee Schulte, who has worked very hard on the MHDS redesign will not be back and will be missed. Representatives Heaton and Heddens, Senator Hatch, and the other legislator who are involved will need to work to bring more lawmakers on board and keep the momentum going. The Commission wants to support their efforts in any way they can.

Representative Heaton agreed that there is still a lot to be done and some very important legislation that is critical to pass. He said he would talk to House leadership and try to get some time with his caucus to discuss mental health issues. Jack indicated that the Commission would be willing to have some input into the caucus and could send a letter to the majority and minority leaders to request that and offer some discussion points. Jack added that the Commission members need to become aware of the recommendations submitted by the workgroups and the rationale behind them to help educate more legislators on MHS issues. Richard Heitmann said he agreed. He noted that during the campaign this fall he was disappointed that many candidates seemed to lack interest in mental health as an issue and he would like the Commission to have some influence on that.

REDESIGN WORKGROUP UPDATE

Transition Committee - Patrick Schmitz reported that the Transition Committee met on October 30 and began work on a draft report. They heard a presentation by Donna

Harvey, Director of the Iowa Department on Aging (IDA) about the development of ADRCs (Aging and Disability Resource Centers) and the transition from thirteen AAA (Area Agencies on Aging) regions down to six.

The Transition Committee also discussed:

- Recommendations to the Department on the development of administrative rules for transition funding and applications
- Regional operations and what should and shouldn't be allowed
- Recommendations on the qualifications and duties of regional administrators
- Pooling of county funds and need for specific direction
- Defining virtual pooling and developing clear examples of what pooling might look like

The group will have its final meeting on December 20 to narrow down its recommendations to the Legislature.

Judicial Workgroup – Deb Schildroth reported that the Judicial Workgroup finished their meetings in November. The group originally formed about four years ago to work on commitment-related issues and then became a part of the redesign effort. This group will probably continue in some form. Their charge for this year was to:

- Study and make recommendations to consolidate processes for involuntary commitment found in Chapters 125 (substance abuse), 222 (intellectual disabilities), and 229 (mental health) of the Iowa Code
- Study and make recommendations for the feasibility of establishing an independent statewide patient advocate program
- Look at a subgroup of patient advocates representing the interests of individuals found to be not guilty of a crime by reason of insanity

Judicial Workgroup Recommendations related to the charge:

- Modify the involuntary commitment application using the same form for both Chp. 125 and Chp. 229 commitments
- Requiring the offer of a pre-commitment screening before filing an application
- Sunset the Chp. 222 involuntary commitment process (because most often legal guardianship is used instead)
- Modify the commitment provisions of Chps. 125 and 229 to reflect community based service language
- The statewide mental health advocacy program should be an attached unit of the Department of Inspections and Appeals (DIA) with a director presiding over the unit who has administrative authority and accountability
- Consider assignment of advocates for substance abuse induced disorders after the statewide system and oversight is in place for advocates for mental health and co-occurring disorders (Chp. 229 first, then expand to other areas)
- Consider assignment of advocates for those found not guilty by reason of insanity after the statewide system and oversight is in place for advocates for mental health and co-occurring disorders

Additional Recommendations:

- Funding must accompany all recommendations so that the system can improve
- There needs to be a statewide system for identifying beds available for voluntary commitment
- Justice involved services should be included as core services
- There needs to be a qualified professional workforce to provide needed services to persons with mental health and substance induced disorders, in both rural and urban areas of Iowa
- Adopt the recommendations of the Judicial Advocates for Persons with Mental Illness (JAMI)

Outcomes and Performance Measures Workgroup – Bob Bacon reported that the Outcomes group last met on November 5th and reviewed its draft report which is due to the Legislature on December 14. They had a good discussion and decided to include some enhancements to make sure that people with disabilities, family members, and stakeholders have an opportunity on a regular basis to give input into the development of the survey tools that will be used to measure consumer outcomes.

Data and Statistical Information Integration Workgroup – Theresa Armstrong reported that the Data Workgroup's report is due December 14. They have been looking at:

- How to make current systems work together so that information can be shared
- Establishing a data warehouse
- Making sure only data that will be used is collected
- Tying data collection to outcomes and performance measures
- HIPAA, privacy, and confidentiality issues
- Coordinating with electronic medical records, health benefits exchange, and other data systems

Children's Services Workgroup – Theresa Armstrong reported that the Children's Workgroup report is due December 10. This is second year for the workgroup. They were charged with looking at children who are being served out of state and identifying strategies for bringing them back to Iowa and serving all children within the state. They have recommended building a system of care to meet the needs of all children who are at risk and begun to talk about how to develop such a system.

Magellan became responsible for PMICs (Psychiatric Medical Institutions for Children) under the Iowa Plan beginning July 1. The group looked at how that transition is going. DHS and Magellan are currently looking at a Medicaid State Plan Amendment (SPA) for health homes for youth with SED (Severe Emotional Disturbances), and plan to move on to include other children who are not diagnosed with SED.

Marilyn Althoff added that the Iowa Children's Cabinet was a critical piece of the plan for children's redesign, and that children with SED would be the initial focus. It was also acknowledged that the report didn't completely address the concerns of families and advocates for children with intellectual and developmental disabilities.

Workforce Workgroup – Teresa Bomhoff reported that she attended their first two meetings. They had a presentation on psychiatrists in Iowa, including how many are practicing, where residencies are available, what incentives exist. They also had a presentation on ARNPs (Advanced Registered Nurse Practitioners). There are currently only two places in Iowa that train psychiatric ARNPs. There is concern that the focus of the group is on licensed mental health professionals and there was resistance to discussing peer development or direct care professionals.

The group also received statistics about psychologists in our state, and an overview of the educational requirements for licensed professionals. The initial goal was to make recommendations to the Legislature regarding licensed professionals because there is a lengthy timeline in getting those kinds of changes made and impacting the new professionals being trained. The group will meet again in January.

Jail Diversion Workgroup – Theresa Armstrong reported that Rick Shults is a member of this group that was organized by the Department of Human Rights. Their report was due December 1 and is available online. Their charge was to look at jail diversion programs and mental health courts and make recommendations. They did some national research to learn about programs in other states and also looked at programs in Iowa. Their recommendations include:

- Further evaluation of the current jail diversion programs and mental health courts Iowa
- To bring representatives together to develop the expansion of those programs
- Prevention programs, early intervention programs, and community level support
- Recovery support should include housing, transportation, and employment services
- Specific recommendations that individuals diagnosed with mental illness should receive services in places and programs that match their unique needs
- Training for law enforcement and jail staff
- Pre-adjudication interventions for offenders with minor offenses
- Screening and treatment should be culture and gender informed
- Post-adjudication diversion such as mental health courts, prison mental health services, and re-entry programs should be offered to offenders charged with more serious crimes
- Technology (including tele-psychiatry) should be utilized to make treatment more accessible to clients across the state
- Justice involved services should be core services
- In order to have a comprehensive statewide program in Iowa, significant state funding and resources should be distributed to local jurisdictions and MHDS regions (and MHDS regions should serve as the entity responsible for implementing local programs)
- Resources should be front loaded in order to focus on early intervention and treatment options and recovery supports should be available in the community
- Support increased funding for crisis programs and pre-commitment assessments

- Allocate some funding to research and assessments
- Decisions regarding the responsibilities and boundaries of the regions and the courts should be made as the regional system develops

Subacute Feasibility Study – Theresa Armstrong reported that this group was asked to look at the possible use of the MHIs or the Iowa Veteran's Home to offer subacute services. The Iowa Veteran's home does not currently have appropriate space. The MHIs could have space, but remodeling would have to be done and costs for that have not been estimated. A key factor is that subacute care is a short term stay (usually less than 10 days) and research shows that people who get services need to be close to home to be successful in recovery. Also, if located on MHI campuses, subacute services would have to be operated by entities other than the MHIs to be Medicaid eligible. The group's report is due December 14.

NEXT MEETING

The next regularly scheduled meeting is January 17, 2013 at ChildServe in Johnston. A special telephone conference meeting will be scheduled early in January to review the proposed rules for county exemption from joining into regions and the Commission's legislative priority recommendations.

PUBLIC COMMENT

No additional public comment was offered.

The meeting was adjourned 2:45 p.m.

Minutes respectfully submitted by Connie B. Fanselow.